Docket No. 0708-4038

FFD STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Wagner

Group Art Unit:

Serial No.:

09/087,871

1641

SEP 2 0 2001

Examiner:

Gabel, G.

TECH CENTER 1600/2900"

Filed:

June 2, 1998

For:

AUTOMATED DIAGNOSTIC SYSTEM IMPLEMENTING IMMUNOASSAYS

AND CLINICAL CHEMISTRY ASSAYS ACCORDING TO A REFLEX

ALGORITHM

CERTIFICATE OF MAILING (37 C.F.R. §1.8(a))

Commissioner for Patents Washington, D.C. 20231

Sir:

I hereby certify that the attached:

1. Amendment Under 37 C.F.R. § 1.111;

2. Amendment Fee Transmittal (in duplicate) (with fee authorization);

Petition and Fee for Extension of Time (in duplicate) (with fee authorization); and

Return receipt postcard.

along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, Washington, D.C., 20231.

Respectfully submitted,

MORGAN & FINNEGAN, L.L.P.

Dated: September 13, 2001

By:

David V. Rossi

Registration No. 36,659

<u>Correspondence Address</u>:

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(212) 751-6849 Facsimile

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ACCORDING TO A REFLEX ALGORITHM

AMENDMENT FEE TRANSMITTAL

Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment for the above-identified application.

No additional fee is required. \boxtimes

The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

| | Claims Remaining After Amendment | Highest No. Covered by Previous Payments | Extra | Rate | A | Additional Fee |
|---------------|--|--|-------|----------------|----|-------------------|
| Total Claims* | 00 - | 20 | 0 | \$18.00/\$9.00 | \$ | 0 |
| Independent | | | | \$80.00/ | | |
| Claims | 00 - | 4 | 0 | \$40.00 | \$ | 0 |
| | (If claims added by amendment include Multiple Dependent | | | | | |
| Multiple | Claim(s) and the | | | | | |
| Dependent | application before | | | | | |
| Claims | (\$135 for small entity). | | | | | |
| | | | | TOTAL | \$ | 0 |

^{*}Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. §1.75(c).

| | Reduced Fees Under 37 C.F.R. §1.9(f) paid herewith \$ | | | | | |
|-------------|---|---|--|--|--|--|
| \boxtimes | Charge fee to Deposit Account No. <u>13-4500</u> , Order No. <u>0708-4038</u> . A DUPLICATE COPY OF THIS SHEET IS ATTACHED. | | | | | |
| \boxtimes | The Commissioner is hereby authorized to charge any additional fees which may be required for filing this amendment, including all fees pursuant to 37 CFR §1.17 for its timely consideration, or credit any overpayment to Deposit Account No. 13-4500, Order No. 0708-4038. A DUPLICATE COPY OF THIS SHEET IS ATTACHED. | | | | | |
| | Pages Sequence Listing | | | | | |
| | Computer disk(s) containing substitute Sequence Listing | | | | | |
| | Statement under 37 C.F.R. §1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same. | | | | | |
| | A check in the amount of \$ to cover the filing fee is attached. | | | | | |
| Dated: | d: September 13, 2001 By: | espectfully submitted, ORGAN-& FINNEGAN, L.L.P. avid V. Rossi egistration No. 36,659 | | | | |

Correspondence Address:

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